

EMPLOYER NO.

FACILITY NO

EMPLOYEE NO.

**Employee Input Form****EMPLOYEE INFORMATION – TO BE COMPLETED BY EMPLOYER OR REGIONAL CENTER**

1. TYPE OF ACTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> TERMINATION			DATE HIRED
2. EMPLOYEE NAME		LAST	FIRST MI
3. EMPLOYEE ADDRESS		CITY	STATE ZIP
4. SOCIAL SECURITY NUMBER <div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>		5. TELEPHONE NUMBER (    )    -	

**EMPLOYER/CLIENT INFORMATION – TO BE COMPLETED BY EMPLOYER OR REGIONAL CENTER**

1. FEDERAL TAX ID NUMBER <div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>		2. SOCIAL SECURITY NUMBER <div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>	
3. EMPLOYER/CLIENT NAME		4. TELEPHONE NUMBER (    )    -	
5. REGIONAL CENTER AND NAME OF PAYROLL CONTACT			
6. EMPLOYER/CLIENT ADDRESS		CITY	STATE ZIP

**EMPLOYEE PAY INFORMATION – TO BE COMPLETED BY EMPLOYER OR REGIONAL CENTER**

PAY FREQUENCY: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY			
FEDERAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	NUMBER OF DEP	<input type="text"/>
STATE STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	NUMBER OF DEP	<input type="text"/>
STATE TAX ID	<input type="text"/>	SUI TAX ID:	<input type="text"/>
SALARY (PER PAY PERIOD)	<input type="text"/>	HOURLY RATE	<input type="text"/>
ADDITIONAL INFORMATION: _____ _____ _____			

**AUTHORIZATION – TO BE COMPLETED BY REGIONAL CENTER**

1. REGIONAL CENTER APPROVAL  I hereby certify that I am the duly appoint officer of the herein named agency and that, being so authorized, do certify that this employee is eligible for employment and payroll.	
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE	DATE
DATE RECEIVED IN OFFICE (MONTH, DAY, YEAR)	AGENCY TELEPHONE NUMBER

